



60/3620

Please type a plus sign (+) inside this box →

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/440,557
		Filing Date	11/15/1999
		First Named Inventor	Randolph B. Lipscher
		Group Art Unit	3626
		Examiner Name	MORGAN, ROBERT W
Total Number of Pages in This Submission	14	Attorney Docket Number	800435

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

RECEIVED

NOV 04 2002

GROUP 3600

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

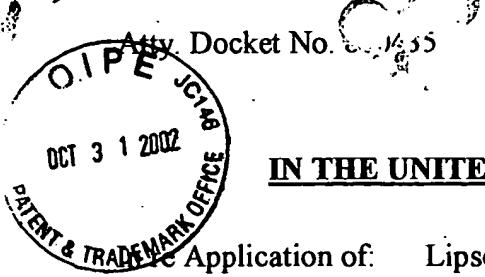
Firm or Individual name	John R. Schell
Signature	
Date	10/25/2002

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

Typed or printed name	John R. Schell
Signature	
Date	10/25/2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PATENT

50  
11/6/02  
10/Elec  
Cv  
10/25/02

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

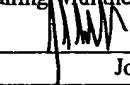
Application of: Lipscher et al.  
Serial Number: 09/440,557  
Filing Date: 11/15/1999  
Examiner: MORGAN, ROBERT W.  
Group Art Unit: 3626  
For: ELECTRONIC HEALTHCARE INFORMATION AND DELIVERY  
MANAGEMENT SYSTEM

Asst. Commissioner of Patents  
**BOX NON FEE AMENDMENT**  
Washington, D.C. 20231

**Certification Under 37 C.F.R. 1.8**

Date of Mailing: October 25, 2001

I hereby certify that I have caused the documents indicated below to be deposited with the United States Postal Service under 37 CFR § 1.8 on the date indicated above and are addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231 and mailed on the above Date of Mailing with the above.

  
John Schell

Dear Sir:

**RESPONSE TO OFFICE ACTION**

Applicants hereby respectfully submit its Response to Restriction. This response is submitted within 30 days of mailing of the office action. As such, this Response is submitted before the shortened statutory period of one month. Therefore, no fee is required. Applicants appreciate the time and effort taken by the Examiner in providing the courtesy copy and in discussing the issue with Applicant's Representative.

**RECEIVED**  
NOV 04 2002  
**GROUP 3600**

**IN THE ACTION**

In the Action, the Examiner alleges that the claims are directed to three inventions. Invention I is identified as Claims 1-46, 58-68, 72-74, and 76-77. Invention II is identified as Claims 47-57 and 75. Invention III is identified as Claims 69-71, and 78. The Examiner states that inventions are subcombinations that are separately usable and thus distinct. Therefore the Restriction is made.

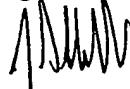
**ELECTION**

Applicants make the Election of the invention identified as invention I listed as covered in Claims 1-46, 58-68, 72-74, and 76-77. However, the Applicants reserve the right to the alleged non-elected inventions.

If the Examiner has any questions or comments, or if further clarification is required, it is requested that the Examiner contact the undersigned at the telephone number listed below.

Respectfully submitted,

Agent for Applicants



John R. Schell  
Reg. No. 50,776

2110 Eva Street, Suite A  
Austin, TX 78704  
Tel. (512) 804-0385

Dated: October 25, 2001